



ACCESSIBILITY OF FAMILY PLANNING AND SAFE ABORTION SERVICES UNDER THE CONDITIONS OF THE COVID-19 PANDEMIC IN THE REPUBLIC OF MOLDOVA

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Keywords: accessibility, family planning services (FPS), unintended pregnancy, safe abortion care (SAC), contraception, COVID-19.

Introduction. The aim of the research was to evaluate the accessibility of family planning services and safe abortion care during the COVID-19 pandemic and develop necessary recommendations for maintaining and improving the provision of these services in pandemic situations.

Material and methods. To achieve the aim, a descriptive cross-sectional study was conducted from 01.11.2021 to 01.02.2022 on a sample of 213 obstetrician-gynecologists and 320 women of reproductive age. The collected data were analyzed using SPSS software.

Results. FPS and SAC were reported to be incompletely provided during the COVID-19 pandemic by 42.7% of obstetrician-gynecologists. Limited access was also reported by 46.9% of beneficiaries of these services. Common obstacles/challenges regarding access to FPS and SAC include: insufficient information about COVID-19, fear of infection, doctors with COVID-19, imposed quarantine, overloaded work schedules of doctors, cessation of public transport with limited mobility, etc.

Conclusions. The COVID-19 pandemic has resulted in a limitation of access to FPS and SAC, experienced by both beneficiaries and service providers at the country level. Analysis of obstacles and opportunities in the provision and access to services can serve to identify measures for broader accessibility to FPS and SAC in public health emergencies. There is an urgent need for policies and procedures whose implementation would ensure equitable and timely access to FPS and SAC in PHE, including the application of telemedicine as a modern tool.

Cuvinte cheie accesibilitate, servicii planificare familială (SPF), sarcină nedorită, avort în siguranță (AS), contracepție, COVID-19.

ACCESIBILITATEA SERVICIILOR DE PLANIFICARE FAMILIALĂ ȘI AVORT ÎN SIGURANȚĂ ÎN CONDIȚIILE PANDEMIEI COVID-19 ÎN REPUBLICA MOLDOVA

Introducere. Scopul cercetării l-a constituit evaluarea accesibilității SPF și AS în condițiile pandemiei cu COVID-19 și elaborarea recomandărilor necesare pentru menținerea și ameliorarea prestării serviciilor date în circumstanțele respective.

Material și metode. Pentru atingerea scopului a fost realizat un studiu transversal descriptiv, în perioada 01.11.2021 – 01.02.2022, pe un eșantion de 213 medici obstetricieni-ginecologi și unul pe un lot de 320 femei cu vârstă reproductivă. Datele colectate au fost analizate aplicându-se programul SPSS.

Rezultate. Medicii obstetricieni-ginecologi au raportat, într-o proporție de 42,7%, că SPF și AS, în timpul pandemiei COVID-19, au fost prestate incomplet. Accesul limitat a fost semnalat și de beneficiarii acestor servicii în proporție de 46,9%. Printre obstacolele/provocările comune privind accesul la SPF și AS se cer remarcate: informație insuficientă despre COVID-19, frica de infectare, medici bolnavi de COVID-19, starea de carantină impusă, program de lucru suprasolicitant al medicilor, sistarea transportului public cu limitarea deplasărilor etc.

Concluzii. Pandemia COVID-19 a determinat limitarea accesibilității SPF și AS, resimțită de beneficiari și de prestatorii de servicii la nivel de țară. Analiza impedimentelor și oportunităților în prestarea și accesarea serviciilor poate servi pentru identificarea măsurilor ce ar facilita accesibilitatea SPF și AS în USP. Se impune urgent punerea în aplicare a unor politici și proceduri ce ar asigura acces echitabil și în timp util la SPF și AS în USP – inclusiv utilizare unor instrumente moderne, cum ar fi telemedicina.

LIST OF ABBREVIATIONS: *SAC* – safe abortion care; *YFHC* – youth friendly health centers; *FPS* – family planning services; *UNFPA* – United Nations Population Fund; *PHE* – public health emergencies; *PPE* – personal protective equipment

INTRODUCTION

Family planning is an integral part of human reproductive rights. According to the Programme of Action adopted at the International Conference on Population and Development, every person has the right to decide freely on the number of children they want, the interval between pregnancies, and the appropriate time to plan their pregnancy, as well as whether they want to have children (1). With the onset of the COVID-19 pandemic worldwide, a large part of routine health services have been suspended or postponed by both public and private institutions in most countries, except for family planning services (FPS) and safe abortion care (SAC).

Multiple studies report reduced accessibility to FPS and safe abortion during the COVID-19 pandemic worldwide, estimate the adverse consequences of these access limitations, and reveal increased inequalities under the burden of pandemic restrictions. It is stated that the COVID-19 pandemic has led to service disruptions that have affected access to abortion, contraceptives, HIV/STI testing, and changes in sexual behaviors, menstruation, and pregnancy intentions (2); has led to reduced or lack of access to contraceptives, increased number of unintended pregnancies and unsafe abortions (3); and an estimated increase in maternal mortality as a result (4).

Although the full impact of the COVID-19 pandemic is not yet fully estimated, it is relatively clear that it is felt especially by economically vulnerable populations, ethnic groups, and/or based on gender criteria. Multiple studies indicate an increase in inequalities as a result of the COVID-19 pandemic (5, 6, 7). According to UNFPA data, in the first year of the pandemic, about 12 million women in 115 low- and middle-income countries had limited or no access to family planning services, resulting in 1.4 million unintended pregnancies. UNFPA notes that access to FPS is limited due to travel restrictions, unstable supply of contraceptives, and disrupted health services (8).

According to research by the Guttmacher Institute, the onset of the COVID-19 pandemic has changed the social and economic realities of people around the world: the imposition of social dis-

tancing, travel restrictions, job losses, and more. All of these have led to increased economic and social insecurity, which is unequally felt by different populations. A national survey of 2,009 respondents in the United States conducted at the beginning of the COVID-19 pandemic revealed that women's access to contraception and other family planning services, as well as their ability to pay for these services, has been restricted, resulting in delayed and deferred care.

The topic discussed in the context of increased access to services during pandemics is telemedicine. There is an increasing consensus that the role of remote services is crucial in pandemics. Since the virus that causes COVID-19 is transmitted through the air, it is recommended that all consultations related to FPS be done remotely, except in cases where a visit is absolutely necessary. The initiation of the use of contraception and medical abortion can be done through telemedicine for most women. According to the given study, more than 30% of the surveyed women sought FPS and safe abortion care later than the allowed deadline, with the proportion of low-income women being 36%, while that of higher-income women being 31%. The same trends of delayed access to safe abortion care persist with regard to ethnic belonging, as women from minority ethnic groups report more limited access to FPS compared to women belonging to the majority ethnic groups in the country (9).

The development of new delivery services, extended use of contraceptives, implementation of telemedicine for FPS and medical abortion significantly reduces the need for in-person visits by women and their access to FPS and safe abortion. The transition from in-person to virtual consultations is welcome, as it anticipates unplanned pregnancies, unsafe abortions without endangering the health of the beneficiaries, and without delaying the counseling process due to difficult appointments (10 - 13).

Based on international studies regarding the reduction of access to FPS and SAC during the COVID-19 pandemic, our goal is to evaluate how the accessibility of FPS and voluntary termination

of pregnancy under safe conditions in the Republic of Moldova has been influenced/affected by the pandemic, according to service providers and beneficiaries. This evaluation will help us develop necessary recommendations to maintain and improve the provision of these services during pandemics, as well as policies aimed at reducing inequalities in the system.

MATERIAL AND METHODS

The study was conducted in 8 urban territories, 16 rural territories, and the country's capital.

To achieve the set aim, we conducted a cross-sectional, descriptive study by surveying 213 obstetrician-gynecologists and 320 women of reproductive age, between November 1, 2021, and February 1, 2022, in 8 urban territories, 16 rural territories, and the country's capital. The study evaluated the opinions of service providers on the organization of FPS and safe abortion during the pandemic and the opinions of women of repro-

ductive age about access to FPS and safe abortion care during the COVID-19 pandemic. When developing the questionnaires, scientific standards and relevant data from international studies were taken into account. The questionnaire for physicians consisted mostly of 24 pre-determined response questions, while the one for women contained 22 closed-ended questions. The questionnaires were partially distributed online (Google forms) and on paper support. The collected data were analyzed using the SPSS software. The study conducted a descriptive analysis of the collected data according to selected parameters (age, occupation, place of residence, etc.) correlated with the set aim.

RESULTS

Activity of FPS and SAC during the COVID-19 pandemic according to service providers: The research involved obstetrician-gynecologist doctors aged from less than 35 to over 66, who work in various institutions (tab. 1).

Table 1. The sample of respondent physicians grouped by age and workplace.

Age groups		Workplace	
< 35 years	13.1%	Gynecology department of hospital institutions	31.9%
36 - 45 years	21.1%	Health centers	28.6%
46 - 55 years	31.9%	Youth friendly health centers (YFHC)	18.8%
56 - 65 years	26.4%	Family planning clinic	12.7%
> 66 years	7.5%	Abortion clinic	7.0%

The activity carried out during the COVID-19 pandemic was mostly perceived by physicians as burdensome due to the necessity of wearing PPE – 51.6%; more stressful due to the increased risk of infection – 25.8%; 12.2% of respondents consider that the activity remained the same, while 8.9% of respondents state that the activity changed completely due to the need for physicians to be redirected to provide medical assistance to COVID-infected patients, but 1.5% did not answer. The work schedule was viewed as “with double effort” by 47.4% of physicians, but 26.3% of physicians believe that the schedule was extended due to the large number of requests, while 16% believe that the schedule remained the same and only 8.9% are sure that the schedule was shortened due to the lower number of requests, 1.4% were unable to respond.

The data on the accessibility of services is controversial, on the one hand, physicians estimate that:

services were provided incompletely in 42.7%; some physicians believe that women had full access to FPS and safe abortion care to the extent of 39.4%; while 15.5% of physicians report that women did not have access to services, and 2.4% of physicians did not respond to this question.

Regarding the aspects of access to particular types of services (such as contraception and abortion), it was found that: the majority of respondents (38.5%) believe that women had access to contraception, but there was not enough diversity of contraceptive methods; 35.2% of physicians reported having sufficient contraceptives each time women needed them; and 25.4% of physicians stated that access was limited and that contraceptive methods were lacking in their institutions, 0.9% of physicians did not respond.

Regarding abortion: 56.4% of gynecologists consider that the number of abortions has decreased; 16.0% stated that the number of abortions remai-

ned the same, while 10.3% reported that the number of abortions has increased, but 17.3% of physicians did not respond. This indicates a reduction in accessing the service, directly confirmed by 56.4% of respondents.

The pandemic has led to a modification of service delivery methods, namely the provision of remote consultation services (telephone/telemedicine

services). Moldova has become the first country in Eastern Europe and Central Asia to integrate the service of medical abortion through telemedicine into the National Standards for Safe Abortion. The study found that physicians in the age category of 46-55 years are more optimistic about consultations offered by telephone/telemedicine compared to those aged 66 and over (fig. 1).

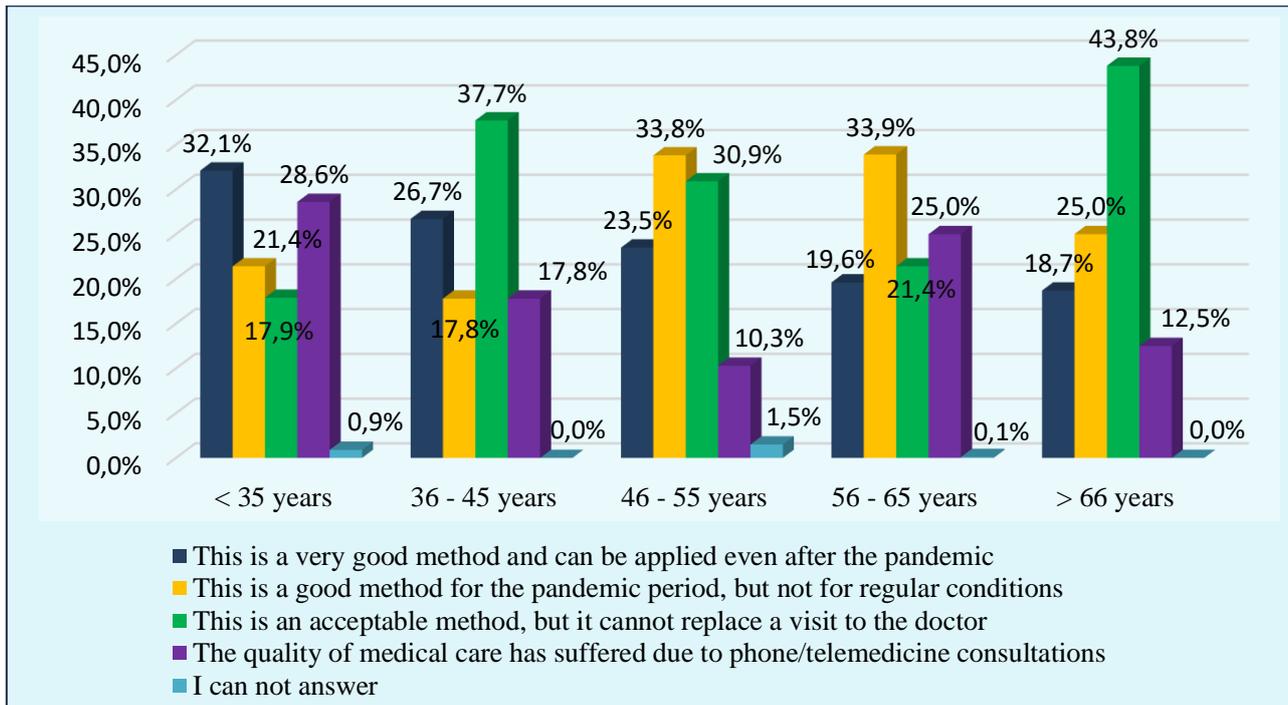


Figure 1. Assessment of the quality of consultations provided by phone/telemedicine during the pandemic (the opinion of gynecologist physicians), %.

Accessibility of FPS and SAC during the COVID-19 pandemic according to beneficiaries' opinions: The study involved reproductive-aged women living in the capital city (60.3%), urban areas of Moldova (25%), and rural areas (14.7%). Regarding access to services, the respondents noted that during the pandemic, they had limited access to FPS and SAC to the extent of 46.9%. 39.7% of respondents considered that they had access to all services similar to the period before the pandemic, while 13.4% avoided answering. The greatest obstacle for women in obtaining FPS and safe abortion care, as stated by them, was fear of contracting COVID-19 (31.7%), quarantine measures (24.9%), suspension of public transport (12.9%), and lack of financial means (12.6%) (fig. 2).

According to gynecologists, women were unable to access safe abortion services due to several

reasons: fear of getting infected with COVID-19 (50%); inability to travel due to the suspension of public transport caused by quarantine (21.5%); lack of financial means to travel to the medical facility (13.2%); imposed quarantine (8.7%); lack of a phone or computer to communicate with the physician (5.8%); and 0.8% reported that women did not have information about FPS and safe abortion care.

Analyzing the level of satisfaction with access to FPS during the pandemic on a scale from 1 to 10, where 1 is completely dissatisfied and 10 is very satisfied, we found that a high level of satisfaction was recorded among women living in rural areas, a lower level of satisfaction among women in cities, and beneficiaries in the capital were found to be less satisfied with access to FPS and SAC during the pandemic period (fig. 3).

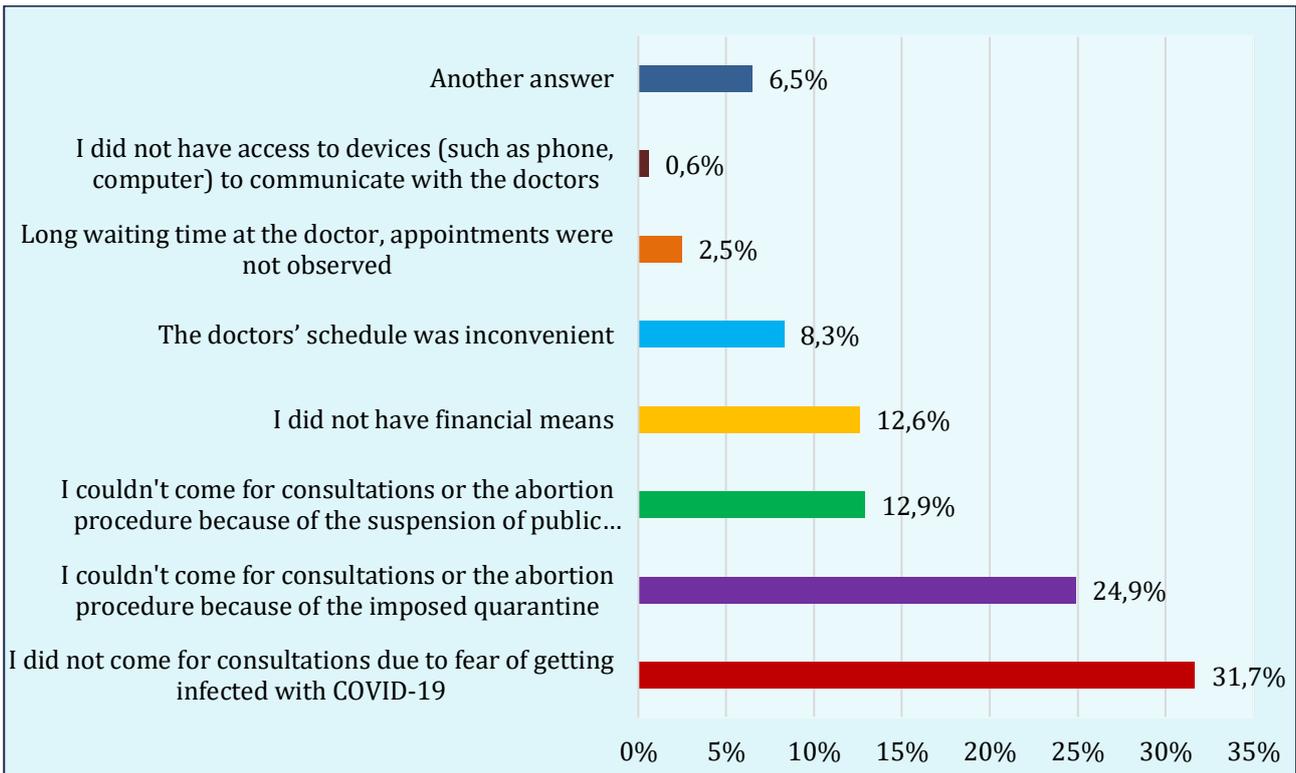


Figure 2. Barriers faced by women in accessing safe abortion and contraception services.

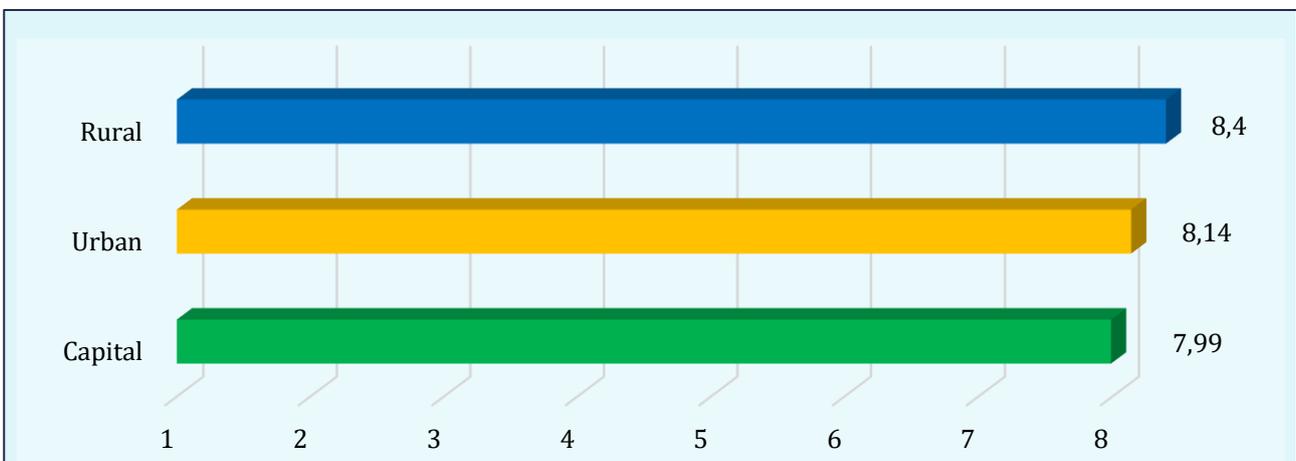


Figure 3. Assessment of the accessibility of FPS and SAC during the COVID-19 pandemic, depending on the place of residence (women's opinion) (%).

DISCUSSIONS

According to research by the Guttmacher Institute in the United States – a research and policy institute committed to promoting SRHR and advocating for the principles of equity and justice and prioritizing sexual and reproductive rights, both in the US and worldwide – with the onset of the COVID-19 pandemic, a large proportion of medical institutions that provided FPS and safe

abortion either closed or reduced their activity, resulting in a reduction of up to 80% of these services, namely contraception and safe abortion care (14). As a result, a reduction of only 10% in FPS and safe abortion care led to approximately 15 million unplanned pregnancies, of which more than 3 million would be terminated under unsafe conditions, with 28,000 cases resulting in maternal deaths (15).

Another two-year comparative study, before and during the COVID-19 pandemic, on safe abortion care and FPS was conducted at the maternity and women's hospital in Paropakar, Nepal. The study showed that safe abortion decreased by 34.4%, and family planning by 39%, in 2020 compared to the previous year. The shortage of contraceptives was felt through unwanted pregnancies and unsafe abortions. The COVID-19 pandemic drastically affected family planning and safe abortion in Nepal due to quarantine, home isolation, resource reallocation for COVID-19 control, and travel restrictions.

Un has presented a report on the impact of COVID-19 on reproductive health, in which it reported that IPPF member nations have difficulties in ensuring access to contraceptives, 59 countries have reported disruptions in the transportation of goods within the countries, and 29 countries have reported that they have problems due to a total lack of contraceptives.

The pandemic has created a health crisis with adverse effects on women, service providers, and the entire global health system, and Moldova is no exception. This study confirms the findings of other research on the limited access to FPS and SAC during the pandemic. In the study, we found that the COVID-19 pandemic negatively influenced the activity of FPS and SAC providers by:

(a) increasing physical workload due to pandemic restrictions and rules, which was burdensome due to the need to wear PPE – 51.6% of doctors, (b) increasing stress levels among 25.8% of doctors due to the risk of COVID-19 infection, (c) the need for re-profiling in 8.9%, and (d) doubling the workload reported by 47.4% of doctors. These factors create conditions that favor the decrease in access and quality of FPS and SAC. At the same time, the study reveals a reduction in requests for services, which is also confirmed by 55.4% of physicians and 46.9% of respondents. Additionally, a reduction in requested abortions is observed by 31.5% of gynecologists. The main reasons for the reduced demand from study participants are fear of COVID-19 infection in 31.7%, imposed quarantine in 24.9%, suspension of public transport in 12.9%, and lack of financial means in 12.6%.

The uncertain political response to COVID-19 restrictions has increased inequities in access to abortion in Europe, the US, and the Republic of Moldova, but some innovations, including telemedicine during the COVID-19 pandemic, could serve as a catalyst to ensure continuity and equity of abortion care.

The research has shown that one third of obstetrician-gynecologists consider telemedicine consultations an acceptable method for the pandemic period and should be widely used.

CONCLUSIONS

1. The COVID-19 pandemic has reduced access to FPS and SAC in Moldova, a fact confirmed by both service beneficiaries and providers throughout the country, which reveals a violation/limitation of women's rights to essential services such as family planning and safe abortion.
2. COVID-19 restrictions have increased inequities in accessing safe abortion in the Republic of Moldova.
3. Telemedicine/distance services could serve as a catalyst for ensuring continuity and equity of services in pandemic situations. The development of a legal framework for regulating the provision of FPS at a distance, through telemedicine with periodic evaluation of the implementation of these services is recommended.

CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

ETHICAL APPROVAL

The article was not approved by the Ethics Committee as it does not contain any ethical risks. The research consists of a survey of adults that main-

tains all rigor for anonymizing data and maintaining participant confidentiality.

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The article represents a synthesis of the results of the study conducted within the master's thesis defended in 2022 at the School of Public Health Management.

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